0047

C/007/005 Incoming

Q

State of Utah
JON M. HUNTSMAN, JR.
Governor

GARY HERBERT
Lieutenant Governor

Department of
Environmental Quality

Amanda Smith
Acting Executive Director

DIVISION OF WATER QUALITY
Walter L. Baker, P.E.
Director

August 6, 2009

Gregg Galecki, Environmental Engineer
Canyon Fuel Company, LLC
Skyline Mine
HCR 35, Box 380
Helper, UT 84526

Dear Mr. Galecki:

Subject: Inspection Reports for UPDES Permit No. UT0023540 (Skyline Mine)

Attached are the results of the Compliance Evaluation and Storm Water Inspections conducted at your facility on July 28, 2009 in regards to the above referenced UPDES permit. No deficiencies were observed and no response is required at this time.

Thank you for accommodating the inspection. If you have any questions, please feel free to contact me anytime at (801) 538-6779 or by e-mail at jstudenka@utah.gov.

Sincerely,

Jeff Studenka

Jeff Studenka, Environmental Scientist
UPDES IES Section

cc: Amy Clark, EPA Region VIII
Claron Bjork, SE District Health Department
David Ariotti, SE District Engineer
Daron Haddock, DOGM

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United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding *(i.e., ICIS)*

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac. Type
N	UT0023540	090728	C	S	2
1 2	3 11	12 17	18	19	20

Remarks (21 66)

Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved
3	5	D	N	
67 69	70	71	72	73 74 / 75 80

Section B: Facility Data

Name and Location of Facility Inspected *(For industrial users discharging to POTW, also include POTW name and NPDES permit number)*

CANYON FUEL CO. SKYLINE MINE
Up Eccles Canyon on State Hwy 264
~ 5 miles SW of Scofield, UT

Entry Time/ Date	Permit Effective Date
12:40pm / 7-28-2009	12-1-2004
Exit Time/ Date	**Permit Expiration Date**
3:15 pm / 7-28-2009	11-30-2009

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)

Gregg Galecki, Environmental Coordinator, (435) 448-2636

Other Facility Data *(e.g., SIC NAICS, and other descriptive information)*

Bituminous Coal Underground Mining Facility
SIC Code 1222
NAICS 212112

SEE ATTACHED

Name, Address of Responsible Official/Title/Phone and Fax Number

Wes Sorensen, Mine Manager
Canyon Fuel Company, LLC Skyline Mine
HCR 35 Box 380
Helper, UT 84542
(435) 636-2619

Contacted ☐ Yes ☒ No

Section C: Areas Evaluated During Inspection *(Check only those areas evaluated)*

☒ Permit	☒ Self Monitoring Program	☐ Pretreatment	☐ MS4
☒ Records/Reports	☐ Compliance Schedule	☐ Pollution Prevention	
☒ Facility Site Review	☐ Laboratory	☒ Storm Water	
☒ Effluent/Receiving Waters	☐ Operations & Maintenance	☐ Combined Sewer Overflow	
☒ Flow Measurement	☐ Sludge Handling/Disposal	☐ Sanitary Sewer Overflow	

Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Number(s)	Date:
Jeff Studenka, Environmental Scientist	DWQ (801) 538-6779	8-6-09
N/A		
Name and Signature of Management Q A Reviewer	**Agency/Office/Phone and Fax Number(s)**	**Date:**
Mike Herkimer, Manager UPDES IES Section	DWQ (801) 538-6058	8/10/09

EPA Form 3560-3 (Rev 1-06) Previous editions are obsolete

United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Section A: National Data System Coding *(i.e., ICIS)*

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N (1)	UT0023540 (3–11)	090728 (12–17)	~ (18)	S (19)	2 (20)

Remarks (21–66)

Inspection Work Days	Facility Self-Monitoring Evaluation Rating	BI	QA	Reserved
2 (67–69)	5 (70)	D (71)	N (72)	(73–80)

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Jeff Studenka, Environmental Scientist Jeff Studenka	DWQ (801) 538-6779	8-6-09
N/A		
Name and Signature of Management Q A Reviewer	**Agency/Office/Phone and Fax Number(s)**	**Date:**
Mike Herkimer, Manager UPDES IES Section Mike Herkimer	DWQ (801) 538-6058	8/10/09

INSPECTION PROTOCOL

UPDES Permit #: UT0023540 – Skyline Mine
Inspection Type: Compliance Evaluation Inspection (CEI) + Storm Water Inspection
Inspection Date: July 28, 2009
Weather Conditions: Sunny and warm, ~70°F

Jeff Studenka of the Division of Water Quality (DWQ) met with Gregg Galecki, Environmental Engineer for the Canyon Fuel Company's Skyline Mine Facility (Skyline). The purpose and scope of the inspection were explained, the U.S. EPA Region 8 NPDES Inspection Checklist was completed, and a facility tour was conducted. This permit is up for renewal by December 1, 2009, therefore a CEI was performed. There were no deficiencies from the previous inspection for follow up (8-26-2008).

FACILITY DESCRIPTION

Location: Up Eccles Canyon on Utah Hwy 264 near Scofield, Utah
Coordinates: Outfall 001 – 39° 41' 05" latitude, -111° 13' 58" longitude
Outfall 002 – 39° 41' 05" latitude, -111° 09' 07" longitude
Outfall 003 – 39° 43' 10" latitude, -111° 09' 15" longitude

Average Flow: ~ 6 MGD (001)

Receiving water: Eccles Creek → Muddy Creek → Scofield Reservoir → Price River

Process: Active underground coal mining operation utilizing long-wall mining technology. Mine water is collected underground at sump locations and continuously pumped to the surface via Outfall 001 and into Eccles Creek. Outfall 001 is also the discharge point for the main facility sedimentation pond. Surface water runoff from the three disturbed areas is conveyed to above ground settling ponds, each with a discharge point. Outfall 002 is from the rail load out facility near Clear Creek and only discharges seasonally during runoff events. Outfall 003 is from the waste rock storage site in Scofield, which has not discharged to date.

INSPECTION SUMMARY

Sampling & Recordkeeping: The DMR files were reviewed and compared to the laboratory reports for the first Quarter of 2009 (Jan-Feb-Mar). Effluent flows and pH are instantaneously measured on site and on a weekly basis as required. Calibrations checks for pH are performed prior to each use and recorded in a daily log journal. Monthly samples for TSS, TDS, total iron, oil &grease, and quarterly samples for total phosphorous are sent to SGS labs in Huntington, Utah for analyses. Quarterly WET samples are collected and sent overnight to AECOM (aka ENSR) Labs in Ft. Collins, Colorado. Effluent data information provided on the DMRs was consistent with the data reported on the laboratory bench sheets. Sampling procedures were discussed and the appropriate number of samples was collected for each DMR. Total phosphorous was not reported for Q1 2009, but a review of the lab reports revealed that a sample was collected in January 2009, but inadvertently left off the monthly DMR. Skyline immediately corrected the DMR and submitted an amended DMR to DWQ

USEPA REGION 8 NPDES INSPECTION CHECKLIST

NPDES PERMIT #: UT0023540 **INSPECTION DATE:** 7-28-09

FACILITY: Skyline Mine

Gregg Galecki – ENV. ENG.

on site: 1240
off site: 1515
DWQ personel: J. Studenka
weather: Sunny 70°F

I. PERMIT VERIFICATION

(YES) NO **Inspection observations verify information contained in permit.**

(Yes) No N/A 1. Current copy of permit on site.

(Yes) No N/A 2. Name, mailing address, contact, and phone number are correct in PCS. If not, indicate correct information on Form 3560.

3. Brief description of the wastewater treatment plant:

2 underground sump areas pumped at separately (60% West Main 20% North Main) thru 001. 2 above ground sed ponds for other areas (002 + 003)

(Yes) No N/A 4. Facility is as described in permit. If not, what is different?_____

Yes No (N/A) 5. EPA/State has been notified of any new, different, or increased loading to the WWTP.

(Yes) No N/A 6. Number and location of discharge points are as described in the permit. 3 (001, 002, 003)

(Yes) No N/A 7. Name of receiving water(s) is/are correct. Eccles Creek, Clear Creek, Mud Creek.

Comments: Permit up for renewal in 2009

II. RECORDKEEPING AND REPORTING EVALUATION Q1 2009 Data evaluated

(YES) NO **Records and reports are maintained as required by permit.**

(Yes) No N/A 1. All required information is current, complete, and reasonably available.

(Yes) No N/A 2. Information is maintained for the required 3 year period. (5 yrs.)

3. Sampling and analysis data are adequate and include:

(Yes) No N/A a. Dates, times, locations of sampling.
(Yes) No N/A b. Initials of individual performing sampling.
(Yes) No N/A c. Referenced analytical methods and techniques in conformance with 40 CFR Part 136.
(Yes) No N/A d. Results of analyses and calibration.
(Yes) No N/A e. Dates of analyses (and times if required by permit).
(Yes) No N/A f. Initials of person performing analyses.
(Yes) No N/A g. Instantaneous flow at grab sample stations.

(Yes) No N/A 4. Sampling and analysis completed on parameters specified in permit.

(Yes) No N/A 5. Sampling and analysis done in frequency specified by permit.

Comments: Q1 2009 DMRS audited
Total phosphorus not included in original DMRS (Q1) as required. Lab data confirmed Jan. 09 Sample <0.05 mg/L

(YES) NO **DMR completion meets the self-monitoring reporting requirements.** Ammended DMR Submitted during inspection

Yes (No) N/A 1. Monitoring for required parameters is performed more frequently than required by permit. Parameter(s) As Required

(Yes) No N/A 2. Analytical results are consistent with the data reported on the DMRs.

(Yes) No N/A 3. All data collected are summarized on the DMR.

(Yes) No N/A 4. Monthly, weekly, and/or daily average loading values are calculated properly and reported on the DMR. *(Effluent loadings are calculated using effluent flow.)* TDS only as required

Yes No (N/A) 5. The geometric mean is calculated and recorded for fecal coliform data.

(Yes) No N/A 6. Weekly and monthly averaging is calculated properly and reported on the DMR.

(Yes) No N/A 7. The maximum and minimum values of all data points are reported properly.

(Yes) No N/A 8. The number of exceedances column (No. Ex.) is completed properly.

Comments: Q1 2009 DMR's audited – Labs sheets from SGS reviewed, Holding times met for all Samples as appropriate.

. WHOLE EFFLUENT TOXICITY TESTING AND REPORTING Q2 2009 WET Data reviewed

(YES) NO **WET sampling by permittee adequate to meet the conditions of the permit.** ENSR Labs

(Yes) No a. Chain of custody used.

(Yes) No b. Method of shipment and preservation adequate *(iced to 4°C)*.

c. Type of sample collected grab *(as required by permit)*.

(Yes) No d. Holding time met *(received w/in 36 hours)*. ~24 hrs.

(Yes) No N/A 2. Lab reports/chain of custody sheets indicate temperature of sample at receipt by lab.

a. Indicate temperature 5.8°C (5.80c)

(Yes) No N/A 3. Permittee has copy of the latest edition of testing methods or Region 8 protocol. *(Latest version is ~~July 1993~~ 2002 - Colorado has its own guidance.)*

(Yes) No N/A 4. Permittee reviews WET lab reports for adherence to test protocols.

(Yes) No N/A 5. Lab has provided quality control data, i.e., reference toxicant control charts.

Yes No N/A 6. Permittee has asked lab for QC data. (Included w/ reports)

Yes No N/A 7. Permittee maintains copies of WET lab reports on site for required 3 year period, and makes them available for review by inspectors. 5 yrs.

Yes No N/A 8. Evaluation and review of WET data by permittee adequate such that no follow up at lab is necessary. *(Follow up to be conducted by EPA and/or State.)*

Comments: No WET Failures since 2005

IV. FACILITY SITE REVIEW Industrial Minor, Not WWTP

YES NO **Treatment facility properly operated and maintained.**

Yes No N/A 1. Standby power or other equivalent provision is provided. Specify type: Multiple generators

Yes No N/A 2. Facility has an alarm system for power or equipment failures. What kind of problems has the facility experienced due to power failures? none

Yes No N/A 3. Treatment control procedures are established for emergencies.

Yes No N/A 4. Facility can be by-passed (internal, collection system, total). Describe by-pass procedures:

Yes No N/A 5. Regulatory agency was notified of any bypassing (treated and/or untreated).

Dates:

Yes No N/A 6. WWTP has adequate capacity to ensure against hydraulic and/or organic overloads.

Yes No N/A 7. All treatment units, other than back-up units, are in service. If not, what and why?

Yes No N/A 8. O&M manual available and up-to-date.

Yes No N/A 9. Procedures for plant O&M, including preventive maintenance schedules, are established and performed on time.

Yes No N/A 10. Adequate spare parts and supplies inventory (including flow meters) are maintained, as well as major equipment specifications and/or repair manuals.

Yes No N/A 11. Up-to-date maintenance and repair records are kept for major pieces of equipment.

↳ Maintenance dept. not evaluated. Separate Dept.

12. Number of qualified operators and staff.

How many?	Certification Level
	n/a

Yes No N/A 13. Certification level meets State requirement?

14. What procedures or practices are used to train new operators? n/a

V. SAFETY EVALUATION (Industrial facility, not WWTP)

YES NO **Facility has the necessary safety equipment.**

Yes No N/A 1. Procedures are established for identifying out-of-service equipment. What are they?
Lock out / Tag out

Yes No N/A 2. Personal protective clothing provided (safety helmets, ear protectors, goggles, gloves, rubber boots with steel toes, eye washes in labs).

Yes No N/A 3. Laboratory safety devices (eyewash and shower, fume hood, proper labeling and storage, pipette suction bulbs) available. no lab on site

Yes No N/A 4. Plant has general safety structures such as rails around or covers over tanks, pits, or wells. Plant is enclosed by a fence.

Yes No N/A 5. Portable hoists for equipment removal available.

Yes No N/A 6. All electrical circuitry enclosed and identified.

7. Chlorine safety is adequate and includes: no chlorine utilized for wastewater operations

Yes No N/A a. NIOSH-approved 30-minute air pack.
Yes No N/A b. All standing chlorine cylinders chained in place.
Yes No N/A c. All personnel trained in the use of chlorine.
Yes No N/A d. Chlorine repair kit.
Yes No N/A e. Chlorine leak detector tied into plant alarm system.
Yes No N/A f. Ventilation fan with an outside switch.
Yes No N/A g. Posted safety precautions.

Yes No N/A 8. Warning signs (no smoking, high voltage, nonpotable water, chlorine hazard, watch-your-step, and exit) posted.

Yes No N/A 9. Gas/explosion controls such as pressure-vacuum relief valves, no smoking signs, explosimeters, and drip traps present near anaerobic digesters, enclosed screening or degritting chambers, and sludge-piping or gas-piping structures.

Yes No N/A 10. Emergency phone numbers listed.

Yes No N/A 11. Plant is generally clean, free from open trash areas.

Yes No N/A 12. MSDS sheets, if required, are accessible by employees. (offices)

Comments: No problems identified.

VI. FLOW MEASUREMENT

YES NO FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF PERMIT

A. PRIMARY EFFLUENT FLOW MEASUREMENT (001)

1. General

Type of primary flow measurement device: 2 in-line flow meters underground from pump stations (CS-12 + CS14)

Yes No N/A 1. Primary flow measuring device is properly installed and maintained.

Where? JUST PRIOR to outfall 001

Yes No N/A 2. Flow measured at each outfall. Number of outfalls: 3

3. Frequency of routine inspection of primary flow device by operator: 1 /day.

4. Frequency of routine cleaning of primary flow device by operator: ~~/week~~ as needed

Yes No N/A 5. Influent flow is measured before all return lines.

Yes No N/A 6. Effluent flow is measured after all return lines.

Yes No N/A 7. Proper flow tables are used by facility personnel.

8. ~~Design~~ flow: ~12-15 mgd. discharging capacity (5-7 N60 ANGS.)

Yes No N/A 9. Flow measurement equipment adequate to handle expected ranges of flow rate.

2. Open Channel Primary Flow Measuring Devices

Flumes

Type and size: n/a EFF

Yes No N/A 1. Flume is located in a straight section of the open channel, without bends immediately upstream or downstream.

Yes No N/A 2. Flow entering flume appears reasonably well distributed across the channel and free of turbulence, boils, or other distortions.

Yes No N/A 3. Flume is clean and free of obstructions, debris or deposits.

Yes No N/A 4. All dimensions of flume accurate and level.

Yes No N/A 5. Sides of flume throat are vertical and parallel.

Yes No N/A 6. Side walls of flume are vertical and smooth.

Yes No N/A 7. Flume head is being measured at proper location. *(Location dependent on flume type - see NPDES Compliance Inspection Manual or ISCO book.)*

Yes No N/A 8. Flume is under free flow conditions at all times. *(Flume is not submerged.)*

Weirs

Type: n/a EFF

Yes No N/A 1. Weir is level.

Yes No N/A 2. Weir plate is plumb and its top edges are sharp and clean.

Yes No N/A 3. Downstream edge of weir is chamfered at 45°.

Yes No N/A 4. There is free access for air below the nappe of the weir.

Yes No N/A 5. Upstream channel of weir is straight for at least four times the depth of water level, and free from disturbing influences.

Yes No N/A 6. Distance from sides of weir to side of channel at least 2H.

Yes No N/A 7. Area of approach channel at least 8 x nappe area for upstream distance of 15H. *(If not, is velocity of approach too high?)*

Yes No N/A 8. Weir is under free-flow conditions at all times. *(Weir is not submerged.)*

Yes No N/A 9. The stilling basin of the weir is of sufficient size and clear of debris.

Yes No N/A 10. Head measurements are properly made by facility personnel.

Yes No N/A 11. Weir is free from leakage.

3. Closed Channel Primary Measuring Devices

Electromagnetic Meters

Type and model: n/a EFF

Yes No N/A 1. There is a straight length of pipe or channel before and after the flowmeter of at least 5 to 20 diameters.

Yes No N/A 2. There are no sources of electric noise in the near vicinity.

Yes No N/A 3. Magnetic flowmeter is properly grounded.

Yes No N/A 4. Full pipe requirement is met.

Venturi Meters

Type and model: n/a EFF

Yes No N/A 1. Venturi meter is installed downstream from a straight and uniform section of pipe?

B. Secondary Flow Measurement n/a

1. General Primary only

1. What are the most common problems that the operator has had with the secondary flow measurement device?_____

_____

Yes No N/A 2. Flow records properly kept.
Yes No N/A a. All charts maintained in a file.
Yes No N/A b. All calibration data kept.

Yes No N/A 3. Secondary device calibration records are kept.

a. Frequency of secondary device calibration:____ / year.

4. Frequency of flow totalizer calibration:___ / year.

Yes No N/A 5. Secondary instruments (totalizers, recorders, etc.) are properly operated, calibrated, and maintained.

Floats

Type and model: n/a EFF

Bubblers

Type and model: n/a EFF

Ultrasonic

Type and model: n/a EFF

Electrical

Type and model: n/a EFF

Comments: Sed ponds 002 + 003 flows are measured by 5-gal. bucket + stopwatch upon any minimal discharges, if any. 003 has never discharged. 002 seasonal only.

2. Flow Verification

Accuracy of Flow Measurement (Secondary against Primary) n/a	
	Type and size of primary device
	EFF:
Reading from primary standard, feet and inches	
Equivalent to actual flow, mgd	
Facility-recorded flow from secondary device, mgd	
Percent Error	
Correction Factor	

Fill in above only if the primary device has been correctly installed, or if correction factor is known.

Comments: Primary only

VII. LABORATORY QUALITY ASSURANCE

(YES) NO **Laboratory procedures meet the requirements and intent of the permit.**

(Yes) No N/A 1. Commercial laboratory is used.

Parameters	TDS, TSS, Iron + OtG	WET
Name	SGS	ENSR/AECOM
Address	Huntington, UT	Ft. Collins, CO
Contact	on file	on file
Phone	"	"

(Yes) No N/A 2. According to the permittee, commercial laboratory is State certified (ND & UT only).

Yes No (N/A) 3. Written laboratory quality assurance manual is available, if the facility does its own lab work. pH only

(Yes) No N/A 4. Quality control procedures are used. Specify: Calibration checks before each use + calibrate quarterly or as needed

(Yes) No N/A 5. Calibration and maintenance of laboratory instruments and equipment is satisfactory.

(Yes) No N/A 6. Samples are analyzed in accordance with 40 CFR 136. instantaneous (<5 mins)

Yes No (N/A) 7. Results of last DMR/QA test available. Date: _____

Yes (No) N/A 8. Facility lab does analyses for other permittees. If yes, list the facilities and their permit numbers.

VIII. COMPLIANCE SCHEDULE STATUS REVIEW n/a

YES NO **The permittee is meeting the compliance schedule**

1. Is the facility subject to a compliance schedule either in its permit or in an order? If facility is subject to an order, note docket number:_____

N/A 2. What milestones remain in the schedule?_____

_____

(Attach additional sheets as necessary.)

Yes No N/A 3. Facility is in compliance with unachieved milestones.

Yes No N/A 4. Facility has missed milestone dates, but will still meet the final compliance date.

IX. PERMITTEE SAMPLING EVALUATION

YES NO **Sampling meets the requirements and intent of the permit.**

Yes No N/A 1. Samples are taken at sampling location specified by permit.

Yes No N/A 2. Locations are adequate for representative samples.

Yes No N/A 3. Flow proportioned samples are obtained. (w/ sed. pond upon discharges)

Yes No N/A 4. Permittee is using method of sample collection required by permit.
Required method: grab/comp
If not, method being used is:
( ) Grab
( ) Manual
( ) Automatic composite

Yes No N/A 5. Sample collection procedures adequate and include:
Yes No N/A a. Sample refrigeration during compositing.
Yes No N/A b. Proper preservation techniques.
Yes No N/A c. Containers in conformance with 40 CFR 136.3. From Labs.
Specify any problems:_____

_____

Comments: Sampling log book reviewed, No problems identified.
⇒ SWPPP reviewed on site. Updated + certified last 10-29-08
* and will incorporate SWPPP requirements in 2009 permit renewal.

P:\DATA\FOLDER\BWM-C\ENFORCE\INSPECT\FORMS\NPDESWET.ATT

ATTACHMENT A - PRE-INSPECTION WET FILE REVIEW

NPDES PERMIT #: UT0023540 **INSPECTION DATE:** 7-28-09

FACILITY: Skyline Mine

Background Quarterly Chronic WET both species.

(Yes) No 1. Are species required by permit used? Indicate below.

- ___ *Daphnia magna*
- ✓ *Ceriodaphnia dubia*
- ✓ *Pimephales promelas* (fathead minnow)

Yes (No) N/A 2. Has approval for alternating species been granted? Previously, but not in current permit

3. Test type
   - X Chronic
   - ___ Acute
   - ___ Both

4. Dilution water source: Lab Recon

~~Yes~~ No N/A a. meets EPA requirements
Yes No (N/A) b. if reconstituted, is water same hardness as receiving water?

Yes (No) N/A 5. Any modification authorization?

- ___ CO2 headspace
- ___ chronic sampling frequency
- ___ dechlorination
- ___ zeolite resin (ammonia removal)

(Yes) No N/A 6. Results indicate absence of toxicity? If not, indicate dates of failure and species:

No failures in past 3+ yrs. (since 2005)

Dates	Species
_____	_____
_____	_____
_____	_____
_____	_____

Yes No N/A 7. Evidence of accelerated testing if toxicity present?

Yes No N/A 8. TIE/TRE in progress?

9. What is sampling frequency for routine testing? Quarterly

Yes No N/A 10. WET lab certified/inspected by State? *(Utah is developing a certification program for WET and has made some visits to labs.)*

Identity of WET lab used: ENSR / AECOM

Contact Name Dr. Rami Naddy / Gine McNerney

Phone Number 970-490-2963

Address Ft. Collins, CO

Review of WET Lab Reports

Yes No N/A 1. Report format meets EPA Methods requirements? (see Weber et al., 1988, 1989)

Yes No N/A 2. Does lab report indicate which statistical method was used for chronic tests? (Region 8 and Colorado protocols)

Yes No N/A 4. Does permittee submit complete WET lab report to EPA/State?

→ electronic copies available upon request

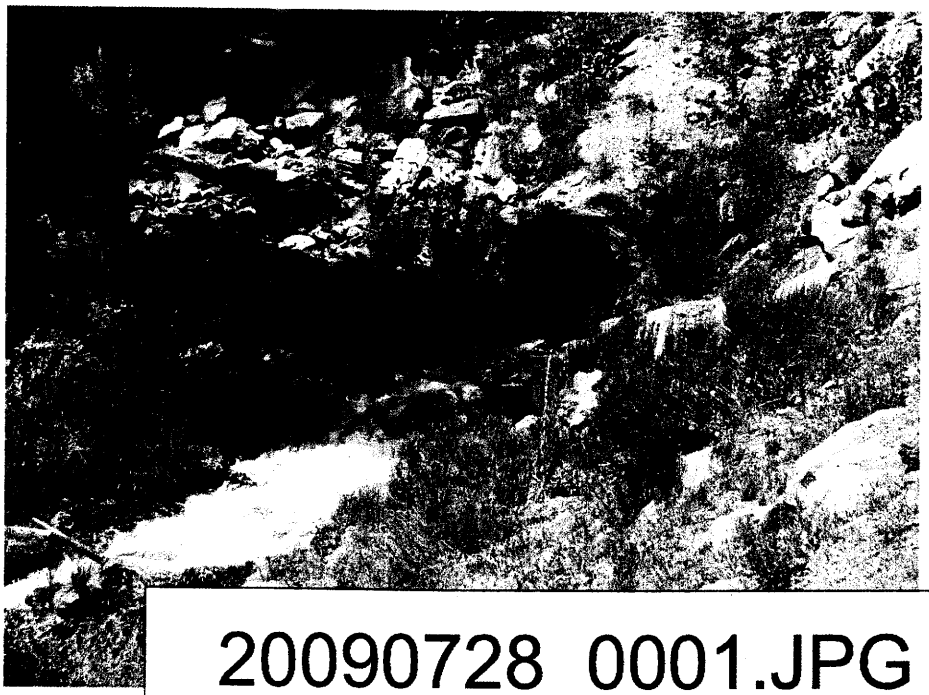
Summary of problems identified above:

- No Biomonitoring problems identified.
- Facility may request a reduction in WET testing to alternating species w/ quarterly testing maintained, written request to DWQ required.

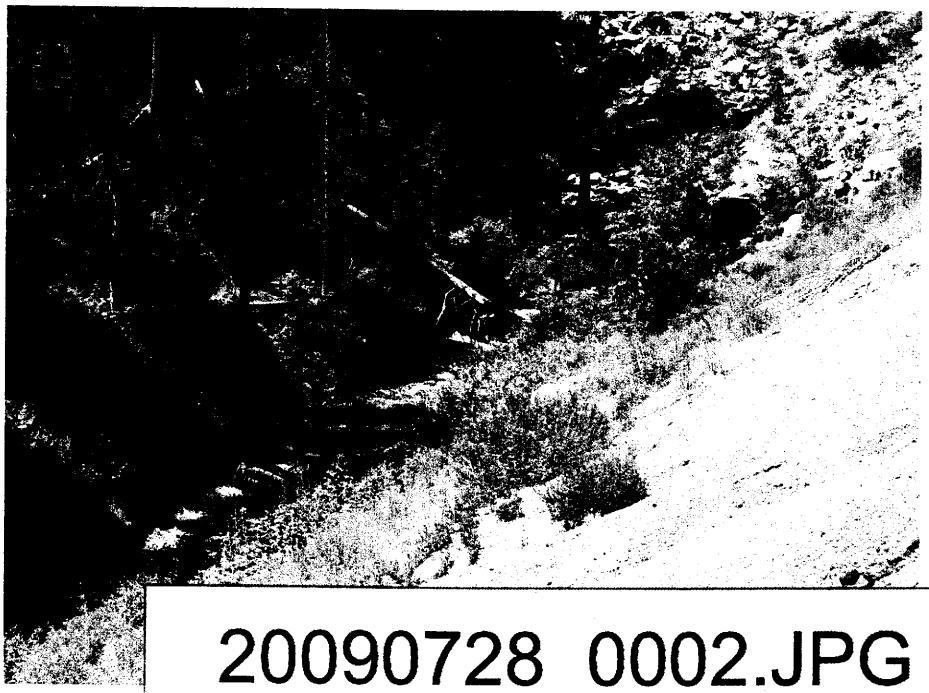
Skyline Mine CEI 7-28-09 (UT0023540)

Photo Log				
Photo Number	File Name	Description	Date/ Time	Photographer
001		outfall 001 into Eccles Cr. culvert	7/28/09 (P.M.)	JS
002		Immediately downstream of 001		
003		Skyline Mines entrance		
004		Outfall 001 (sed. pond into culvert)		
005		Facing North from 001		
006		Outfall 001 + platform on sed. pond		
007		Sedpond (002) at Load out facility		
008		Outfall 002 discharge pipe		
009		Sed. pond 003 at waste Rock site w/outfall		
010		Sed. pond 003 at waste Rock site		
011		outfall 003		
012		North Main Mine water discharge to Eccles Cr.		
END				

Skyline Mine CEI 7-28-2009



20090728_0001.JPG



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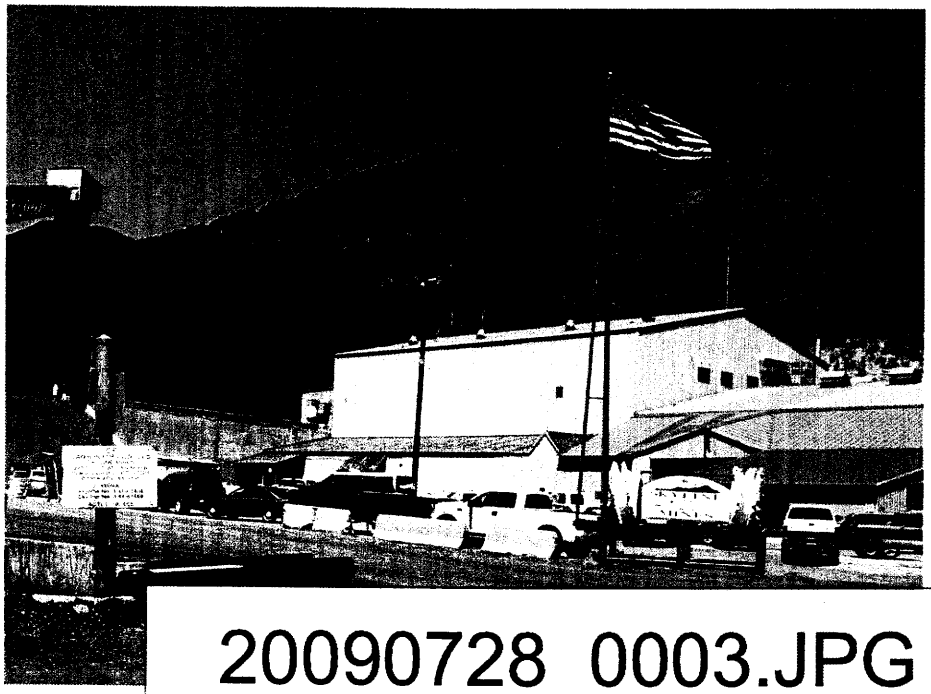

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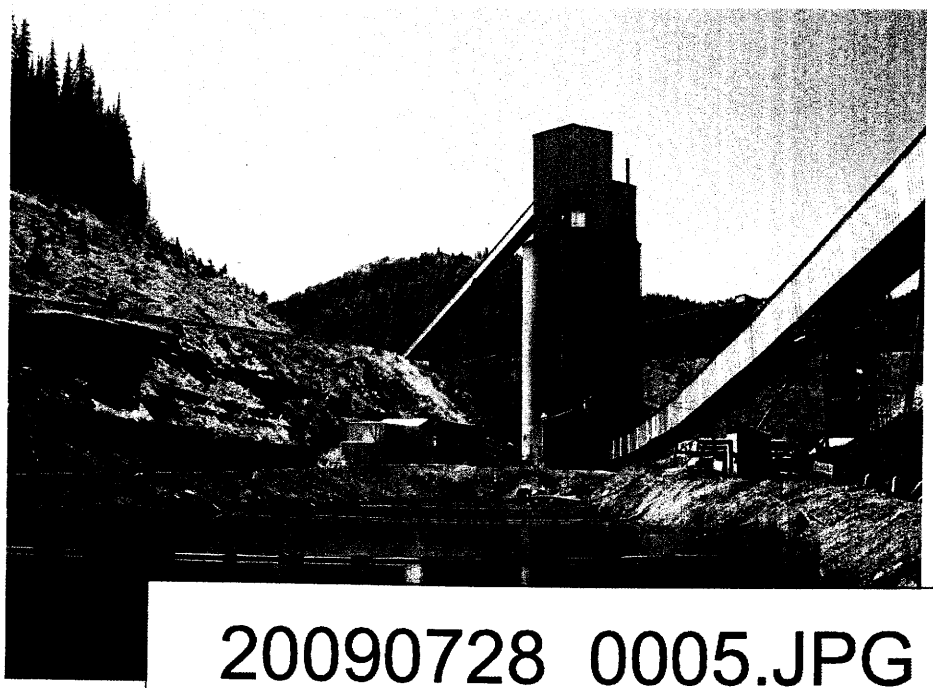

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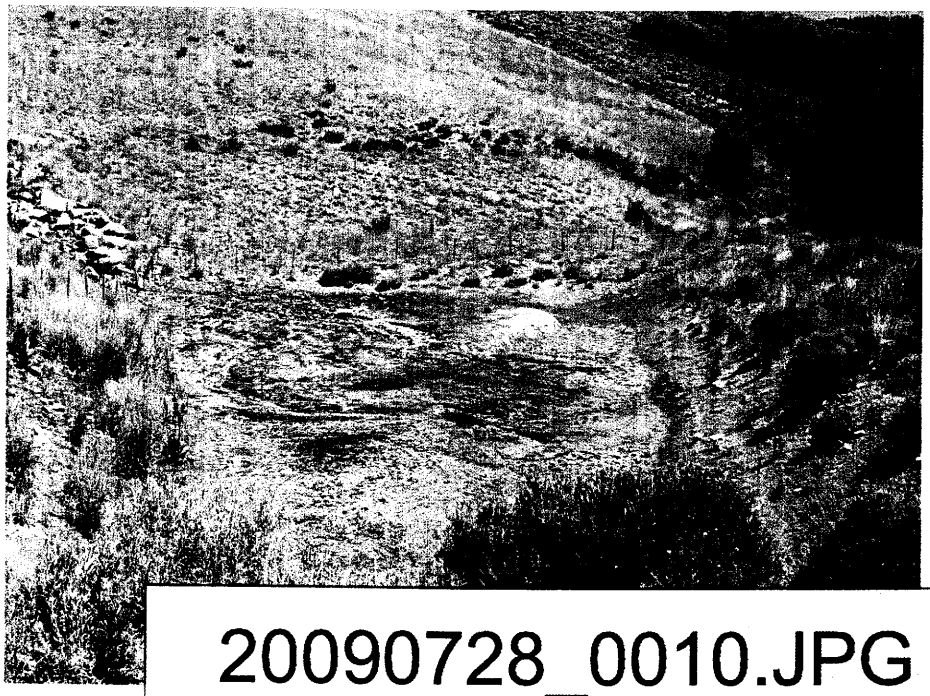

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Facility: Canyon Fuel Company Skyline Mines. (UT0023540)				
DMRs Audited: January-February-March 2009 (Q1)				
Parameter	Required Monitoring Frequency, Type	Actual Monitoring Frequency	Type of Permit Violation	Notes
Flow Rate	weekly, measured	weekly	none	On site instantaneous measurements
pH	weekly, grab	weekly	none	On site instantaneous measurements
TDS	twice/month, grab	twice/month	none	Salinity-Offset tracking provided each month also
TSS effluent	weekly, grab	weekly	none	
Oil & Grease	weekly, grab	weekly	none	
Total Iron	twice/month, grab	twice/month	none	
WET, Chronic	once/quarter, grab	once/quarter	none	Both species passed
Total Phosphorous	once/quarter, grab	once/quarter	none	January sampling event for TP, amended DMR submitted 7-28-09